

Case Number:	CM13-0057678		
Date Assigned:	01/03/2014	Date of Injury:	05/26/1994
Decision Date:	08/12/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Texas and Colorado. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female who reported an injury on 05/26/1994. The mechanism of injury was not stated. Current diagnoses include complete rupture of the rotator cuff, other and unspecified disorders of the joint, pain in the shoulder region, and proximal biceps rupture. The injured worker was evaluated on 10/28/2013. The injured worker reported mild stiffness. Physical examination revealed clean, dry, and intact surgical portals, diffuse tenderness in the right shoulder, and 170 degrees forward flexion with 40 degrees external rotation. Treatment recommendations at that time included a continuation of physical therapy. It was noted that the injured worker underwent an arthroscopic right shoulder rotator cuff repair with debridement and subacromial decompression on 08/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

16 ADDITIONAL POST-OP PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 26-27.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery

in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following arthroscopic rotator cuff repair includes 24 visits over 14 weeks. The current request for 16 postoperative physical therapy sessions would exceed the guideline recommendations. The injured worker has completed an unknown amount of postoperative physical therapy to date. There is no documentation of objective functional improvement that would warrant the need for additional treatment. There was also no specific body part listed in the current request. Based on the clinical information received, the request is not medically necessary.